

U.S. DEPARTMENT OF AGRICULTURE
GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION
COMPLIANCE DIVISION
STOP 3604
WASHINGTON, DC 20250-3604

APPLICATION FOR DESIGNATION
TO PERFORM OFFICIAL FUNCTIONS UNDER THE
U.S. GRAIN STANDARDS ACT AS AMENDED

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing the burden, to USDA, OIRM, Clearance Officer, Room 404-W, Washington, DC 20250. When replying refer to the OMB Number and Form Number in your letter.

FORM APPROVED: OMB NO. 0580-0013

This application must be completed and approved before an individual or government agency may be considered for designation to perform official functions under the U.S. Grain Standards Act, as amended (7 U.S.C. 79).

1. NAME OF APPLICANT (*Exact name of private firm or state organization*):

2. Area (*Identify which geographic area is being applied for*):

3. Scope of Services

☐ Official Inspection

☐ Official Weighing

4a. Business location and phone number:

4b. Mailing Address (*If different from 4a*).

A separate list may be furnished for the following information.

5. Identify below the type of organization and ownership, if a private agency.

☐ **State Organization** - List names and titles of all officials (*i.e., Commissioner, Director, Division or Bureau Chief, Official Agency Manager*). An organizational chart of the state bureau or department conducting inspection/weighing program should also be submitted.

☐ **Sole Proprietorship** - List name of owner.

☐ **Partnership** - List name of partners and percentage of ownership of each partner.

☐ **Corporation** - List names of stockholders and percent of ownership of each. List names of officers and directors.

☐ **Other** - Identify type and list ownership. List trustees, if any.

6. Furnish a list of names and mailing addresses (including zip code) of facilities requesting service.

7. Full address and location of each specified service point, and whether full-time or part-time; and inspection or weighing, or both.

8. Furnish a list of all non-licensed personnel, including the title of each person. A completed conflict-of-interest questionnaire must be submitted for each non-licensed person listed.

9a. Name and title of Responsible Official (*type or print*):

9b. Name and title of manager or person responsible for the supervision and management of the grain inspection/weighing program. (*If different from 4a*).

Signature of Responsible Official

Date